| For office use only     |      |
|-------------------------|------|
| Amt Rec'd               |      |
| Ck #                    | Date |
| Amt Rec'd<br>Ck #<br>By |      |
|                         |      |

## State of New Hampshire Plumbers' Licensing Board 33 Hazen Dr

| Inspection # |  |
|--------------|--|
|              |  |

Concord, NH 03305 Phone: (603) 223-4289 Fax: (603) 223-4295

| Please Print clearly. Fill-in completely | Please | Print | clearly. | Fill-in | com | oletel | y. |
|--|--------|-------|----------|---------|-----|--------|----|
|--|--------|-------|----------|---------|-----|--------|----|

| Please Print clearly. Fill-in completely. |            | Today's Date            |                          |   |
|---|------------|-------------------------|--------------------------|---|
| LOCATION OF IN                            | ISPECTI ON | APPLICANT               |                          |   |
| Name                                      |            | ContractorOwnerMaste    | r PlumberWater Treatment |   |
| Number and Street                         |            | Name                    |                          |   |
| City                                      | State      | Company                 |                          |   |
| Phone                                     | Zip        | Address                 |                          |   |
| Cell                                      |            | City                    | State/Zip                | _ |
| FAX                                       |            |                         | Cell                     |   |
| E-Mail                                    |            | E-Mail                  |                          |   |
|   |            | License or Certificate# | FAX                      |   |
|   |            |                         |                          |   |
|   |            |                         |                          |   |

|                           | License or Certificate#                  | FAX                          |
|---------------------------|--|------------------------------|
|                           |  |                              |
| PROPERTY OWNER INFORMATIO | N TYPE OF PROJECT                        |                              |
| Name                      | One- and Two- Family Residential         | O New                        |
| Address                   | O Multi-Family Residential               | <ul><li>Alteration</li></ul> |
| CityState                 | O Commercial/Industrial                  |                              |
| PhoneZip                  | O Manufactured Home                      | O Re-inspection              |
| Fax                       | O School                                 |                              |
| E-Mail                    | <ul> <li>State-Owned Building</li> </ul> |                              |
|                           |  |                              |
| Cost of plumbing work: \$ | TOTAL FEE ENCLOSI                        |                              |
| Actu                      | ual amount                               | As calculated on back        |
|                           |  |                              |
|                           |  |                              |

| APPLICANT SIGNATURE | <b>አ</b>  | DATE |
|---------------------|---|------|
|                     | Signature of Licensee or Homeowner (Homeowner must also sign below) |      |

"I acknowledge that under RSA 641:2 knowingly making a false statement on this form is a misdemeanor. I certify that the information I have provided on all parts of this form is complete and accurate to the best of my knowledge and belief."

| HOMEOWNER AFFIDAVIT I hereby certify the plumbing work described on  | this application shall be installed by myself |
|--|---|
| in my own residence in which I am living or about to occupy. All work shall be install   | ed in accordance with the state plumbing      |
| code and shall not be enclosed, covered up or put into operation until it has been insp  | pected and approved by the plumbing           |
| inspector. I will cooperate with the plumbing inspector and assume the responsibility  | to arrange for necessary inspections.         |
| A CONTRACTOR OF THE CONTRACTOR | DATE  |
| Signature of Homeowner   |   |

| Inspection |             |          |        |       |
|------------|-------------|----------|--------|-------|
| Record:    | Underground | Rough-in | Finish | Other |
| Date       |             |          |        |       |
| Inspector  |             |          |        |       |
| IR/CN#     |             |          |        |       |
| Notes      |             |          |        |       |
|            |             |          |        |       |

## Work Sheet

The inspection fee shall be computed on the dollar value of the plumbing installation, including time and materials, whether they are provided by the contractor or property owner.

If cost of job is between
\$0.01-\$100,000
enter cost here: \$

Multiply by 1.2%: × 0.012

TOTAL \$

INSPECTION FEE

If cost of job is between \$100,000.01 - \$300,000

enter cost here: \$

Subtract: - \$100,000

Sum: \$

Multiply by 0.05%: x 0.005

Sub Total: \$

Add: \$1,200

TOTAL: \$

INSPECTION FEE \$

If cost of job is more than \$300,000

enter cost here: \$

Subtract: - \$300,000

Sum: \$

Multiply by 0.03%: x 0.003

Sub Total: \$

Add: \$2,200

TOTAL: \$

INSPECTION FEE \$

**General** All plumbing installations shall be in conformance with the International Plumbing Code of New Hampshire. No work shall be concealed before it is inspected.

**Expiration of Inspection Request** An Inspection Request remains valid as long as work is progressing and inspections are requested and conducted. An Inspection Request shall become invalid if the work is suspended or abandoned for a period of 6 months after the last inspection. An Inspection Request Form will be cancelled when no inspections are requested within 6 months of the date of request. Cancelled Inspection Requests cannot be refunded or reinstated.

**Minimum notice of 3 business days** required for all inspections. Call the Plumbers' Licensing Board to schedule an inspection.

Manufactured or modular buildings shall be inspected in one trip only.

Fees are to be paid in full prior to an inspection. Inspection fee covers underground rough-in, above-ground rough-in, and finish inspections.

Minimum inspection fee \$75

**Re-inspection fee** 10% of the calculated inspection fee, but not less than \$100 nor more than \$500.

**Additional fee** Required when the applicant requests an additional inspection or when the material/labor costs exceed the original figure estimated.

Make checks payable to: "Treasurer, State of New Hampshire". Credit cards and debit cards are not accepted.

**Sample 1:** Actual cost of plumbing installation is \$50,000.

 $$50,000 \times 0.012 = $600$ 

= \$600 Inspection Fee

Sample 2: Actual cost of plumbing installation is \$235,000.

 $235,000 - 100,000 = 135,000 \times 0.005 = 675 + 1,200 = 1,875$ 

= \$1,875 Inspection Fee

Sample 3: Actual cost of plumbing installation is \$482,000.

 $$482,000 - $300,000 = $182,000 \times 0.003 = $546 + $2,200 = $2,746$ 

= \$2,746 Inspection Fee